

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001507

FILED
Apr 14, 2009
Secretary of State

Entity Name: SISTERS AND BROTHERS FOREVER, INC.

Current Principal Place of Business:

1925 SW 8 ST
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

1925 SW 8 ST
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 65-0750853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLALBA, JORGE S
6415 SOUTH WEST 133 COURT
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VILLALBA, JORGE S
Address: 6415 SOUTH WEST 133 COURT
City-St-Zip: MIAMI, FL 33183

Title: DV () Delete
Name: TRUEBA, CARMINA
Address: 1545 TRILLO AVE.
City-St-Zip: CORAL GABLE, FL

Title: DT () Delete
Name: SEGUROLA, ALFREDO
Address: 12425 SW 14TH STREET
City-St-Zip: MIAMI, FL

Title: DVP () Delete
Name: PEREZ, NICOLAS
Address: 2454 SW 8 STREET
City-St-Zip: MIAMI, FL 33135

Title: DT () Delete
Name: CASAS, RAUL R
Address: 2046 SOUTH WEST 103 COURT
City-St-Zip: MIAMI, FL 33165

Title: DC () Delete
Name: MESTRE, RAMON
Address: 2250 SW 131 PLACE
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: VIZCAINO, LUIS O
Address: 2251 SW 24 AVENUE
City-St-Zip: MIAMI, FL 33145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: DEL VALLE, MANUEL A
Address: 9400 SW 77 STREET
City-St-Zip: MIAMI, FL 33173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change () Addition
Name: FARINAS, IRENE
Address: 4343 WEST FLAGLER STREET #300
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE FARINAS

DC

04/14/2009

Electronic Signature of Signing Officer or Director

Date